PIONEER NURSING HOME			
530 RIVER AVENUE SOUTH			
PRAIRIE FARM 54762 Phone: (715) 455-1178		Ownershi p:	Village
Operated from $1/1$ To $12/31$ Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/00):	42	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/00):	42	Average Daily Census:	36
Number of Residents on 12/31/00:	41	g y	

Services Provided to Non-Residents		Age, Sex, and Primary Diagr	nosis of	Residents (12/31	1/00)	Length of Stay (12/31/00	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	41. 5 39. 0
Supp. Home Care-Household Services Day Services	No Yes	Developmental Disabilities Mental Illness (Org./Psy)	4. 9 36. 6	Under 65 65 - 74	4. 9 2. 4	More Than 4 Years	19. 5
Respite Care	Yes	Mental Illness (Other)	7.3	75 - 84	24. 4		100. 0
Adult Day Care Adult Day Health Care	No No	Al cohol & Other Drug Abuse Para-, Quadra-, Hemiplegic	0. 0 0. 0	85 - 94   95 & 0ver	61. 0 7. 3	Full-Time Equivale	nt
Congregate Meals Home Delivered Meals	Yes Yes	Cancer Fractures	0. 0 2. 4		100. 0	Nursing Staff per 100 R (12/31/00)	esi dents
Other Meals	No	Cardi ovascul ar	19. 5 12. 2	65 & 0ver	95. 1	(12/01/00)   RNs	~ ~
Transportation Referral Service	No No	Cerebrovascul ar Di abetes	0.0	Sex	%	LPNs	7. 7 6. 9
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions	7. 3 9. 8	  Male	34. 1	Nursing Assistants Aides & Orderlies	33. 7
Mentally Ill Provide Day Programming for	No		100. 0	Female	65. 9		
Developmentally Disabled	No				100. 0		

## Method of Reimbursement

		Medi (Titl			Medic (Title			0th	er	P	rivate	Pay	 I	Manageo	d Care		Percent
			Per Die	m		Per Die	m		Per Diem	1		Per Diem	1	Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	$\tilde{2}$		\$115.67	27	87. 1	\$99. 11	ŏ	0. 0	\$0.00	8	100. 0	\$98.00	ŏ	0. 0	\$0.00	37	90. 2%
Intermedi ate				3	9. 7	\$81.65	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	3	7. 3%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				1	3. 2	\$148. 56	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	1	2.4%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	2	100.0		31	100. 0		0	0.0		8	100.0		0	0.0		41	100.0%

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period % Needi ng Total Assistance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health 10.2 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 10. 2 Baťhi ng **0**. 0 48.8 51. 2 41 Other Nursing Homes 2.0 **Dressing** 17. 1 39.0 43.9 41 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 77.6 Transferring 31.7 34. 1 34. 1 41 29.3 39.0 0.0 Toilet Use 31. 7 41 0.0 Eating 53. 7 34. 1 12. 2 41 \*\*\*\*\*\* Other Locations 0.0 Total Number of Admissions Continence Special Treatments 49 Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 2.4 9.8 Private Home/No Home Health 4. 9 Occ/Freq. Incontinent of Bladder 56. 1 0.0 Private Home/With Home Health 17. 1 Occ/Freq. Incontinent of Bowel 36. 6 0.0 Other Nursing Homes 2.4 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 46.3 Mobility 0.0 Physically Restrained 0.0 9.8 17. 1 0.0 Other Locations 4. 9 Skin Care Other Resident Characteristics 24. 4 0.0 Deaths With Pressure Sores Have Advance Directives 22.0 Total Number of Discharges With Rashes Medi cati ons 7.3 Receiving Psychoactive Drugs (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Ownershi p:		Bed Size:		Li censure:			
	Thi s	Government		Under 50		Skilled		Al l	
	Facility	Peer	Group	Peer Group		Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	85. 7	86. 7	0. 99	92. 9	0. 92	87. 0	0. 99	84. 5	1.01
Current Residents from In-County	63. 4	<b>58</b> . 7	1.08	74. 7	0.85	69. 3	0. 91	77. 5	0.82
Admissions from In-County, Still Residing	14. 3	28. 8	0. 50	24. 5	0. 58	22. 3	0.64	21. 5	0. 66
Admissions/Average Daily Census	136. 1	<b>57. 6</b>	2. 36	88. 3	1.54	104. 1	1. 31	124. 3	1. 10
Discharges/Average Daily Census	113. 9	61. 8	1.84	84. 8	1.34	105. 4	1.08	126. 1	0. 90
Discharges To Private Residence/Average Daily Census	25. 0	17. 2	1.46	19. 3	1. 30	37. 2	0. 67	49. 9	0. 50
Residents Receiving Skilled Care	90. 2	82. 5	1. 09	77. 6	1. 16	87. 6	1.03	83. 3	1.08
Residents Aged 65 and Older	95. 1	88. 2	1.08	92. 5	1.03	93. 4	1. 02	87. 7	1.08
Title 19 (Medicaid) Funded Residents	75. 6	80. 0	0.94	55. 7	1. 36	70. 7	1.07	69. 0	1. 10
Private Pay Funded Residents	19. 5	16. 8	1. 16	41.4	0.47	22. 1	0.88	22. 6	0.86
Developmentally Disabled Residents	4. 9	0. 9	5. 71	1. 7	2.83	0. 7	6.84	7. 6	0.64
Mentally Ill Residents	43. 9	48. 7	0. 90	47. 1	0. 93	37. 4	1. 17	33. 3	1. 32
General Medical Service Residents	9.8	17. 6	0. 55	8. 6	1. 13	21. 1	0.46	18. 4	0. 53
Impaired ADL (Mean)	55. 1	43. 1	1. 28	49. 3	1. 12	47. 0	1. 17	49. 4	1. 12
Psychological Problems	7. 3	<b>59</b> . 3	0. 12	44. 3	0. 17	49. 6	0. 15	50. 1	0. 15
Nursing Care Required (Mean)	4. 3	7. 2	0. 59	7. 2	0. 59	7. 0	0.61	7. 2	0.60